# **Agricultural Business Training Program**

2007 Application Form

# Please print clearly and attach additional sheets if necessary.

<u>Applicant Information</u> (See "Confidentiality Statement" on last page)									
Applicant's name									
Name of agricultural b	usiness								
Street address									
Mailing address									
Telephone: Day		Evening							
Fax	E-mail		Web Site						
1) How did you hear al	oout the program?								
2) How long have you been active in this business and how did you become a part of it?									
time (such as Farm Via program)? If yes, pleas		gram, Farm Cred	it services, NESFP,	, NESFI, or an SBDC/SBA					
4) Is the farm/ag enterprise your only/main source of income? O Yes O No  If no, what other sources of income do you have which require a substantial investment of your time and/or resources?									
5) Does anyone else sh	are in farm income? If so, v	who?							
	f must be consulted to make etc.)?		ness decisions (sale/	purchase of land, building					
Nam	e		Relationship to	o you					
7) Who in your busines	ss (other than yourself) may	y want to attend c	ourse sessions, on a	ı space-available basis?					
Nama	Form Do	ala.							

# **Farm Profile** (See "Confidentiality Statement" on last page) 1) Number of years in operation \_\_\_\_\_Type of legal organization\_\_\_\_ 2) Total number of acres/units (define) in production 3) Number of acres/units owned (O) or leased (L) (please indicate which) in specific crop production (e.g., 2 acres – hay, 6 acres row crops, 15 acres bogs, 25,000 largemouth bass etc.): 4) Approximate gross/net annual income from these activities (by category if possible) 5) Describe your business, identifying separate components (maple syrup, mail order, retail, wholesale, dairy, etc.): 6) Please describe any changes you have made over the last several years (e.g., production, operation, and/or new products/services) and any changes you are considering now for this business that you will explore in this course: 7) Who performs the following functions for your business? Bookkeeping: \_\_\_ Taxes/Financial Statements \_\_\_\_\_\_Do You File IRS Schedule F (or other) ? \_\_\_\_\_\_ Other management functions (such as purchasing/inventory, hiring/firing, etc.)? 8) Number of employees: full-time\_\_\_\_\_ part-time/seasonal\_\_\_\_\_ other (interns, apprentices, etc.) \_\_\_\_\_ 9) Do you or a family member have and use an on-farm computer? \_\_\_\_\_\_ Does it have internet/e-mail access? \_\_\_\_\_ Does it have recent version of MS Office (Word and Excel)? \_\_\_\_\_ Do you have bookkeeping/accounting software on this computer (type)? 10) For what time periods are the following historical financial records available? Beginning year: Ending year: Tax returns Income/expense ledger Summary financial statements

## **Your Course Objective:**

What are your objectives in taking this course? Please **circle a minimum of three areas** that you would like to focus on within the time frame of the course. Please **rate them in importance from 1 to 3**, with 1 the most important:

## **Key points for strengthening current venture:**

- Evaluate existing product mix and/or current production systems
- Analyze profit/loss centers for operational decisions
- Develop financial planning skills
- Prepare for farm succession
- Become/Continue to be eligible for Farm Credit, FSA or other source of financing
- Set-up bookkeeping/payroll system

Prepare to involve family in decisions

- Learn about risk management
- Reevaluate business structure
- Run business more efficiently
- Conduct market research
- Define needs and sources for individual assistance

## **Key points for evaluating new ventures**

- Develop new products (indicate current ideas):
- Study feasibility of a potential new/alternative farm venture (describe):

Overall, what do you need from this course to strengthen the economic viability of your enterprise?

Additional comments that you feel may help us evaluate/understand your interest in and/or expectations for this course:

# **Enrollment Information**

#### **Tuition**

While most of the program cost is underwritten through an award from the Massachusetts Department of Agricultural Resources and its regional partners, each participating business pays tuition of \$300. If your farm enterprise is not located in MA, please contact us for out-of-state fees and services. We will request payment to reserve your space when you are notified of acceptance. Your check will not be cashed until two weeks before the course begins. Your check will be returned if the course is cancelled. We reserve the right to select applicants whose projects will best be served by this program, and who will best contribute to the participant mix. If the regular tuition is a definite barrier, please call to discuss.

### **Applicant Agreement to Program Requirements**

Students will be expected to:

- 1) Prepare and discuss with your Instructor historical financial records that will serve as a confidential base-line for your plan
- 2) Miss no more than one course session full attendance yields the biggest dividends
- 3) Complete "homework" assignments between sessions, seeking additional help as needed
- 4) Complete and submit a copy of your business plan for confidential review by your Instructor

### **Confidentiality Statement**

All financial records and business plans will be kept confidential and will not be discussed in class (unless you choose to use specific examples). The purpose of submitting your historical financial information for individual review with your Instructor is to help you clarify the current status of your farm finances, and to determine how the program can best assist in the development of your business plan. It is important that you know your real capacity to implement your plans, and it is important that you separate out personal assets that should not be placed at risk in your business (unless you make an informed choice to do so). The program instructor will review your business plan during and after completion to help you identify where you need to conduct additional research and obtain technical assistance. Business plans may be reviewed by the Program Director at the Massachusetts Department of Agricultural Resources for program documentation/evaluation purposes. Plans will not be filed, duplicated or distributed. You may choose to give specific written permission for a sanitized (unidentifiable to you or your specific business) copy to be used as a generic future case study by other learners. If you have any concerns or questions about any of the program requirements, please contact the Program Director.

## Your signature below indicates your understanding of these terms.

Signature <sub>-</sub>	 	 	
Date	 	 	

#### **Program Acceptance**

We will contact you by phone if we have questions about your application information and to notify you about your acceptance into the program. Please DO NOT send payment until that time.

## Please mail your completed application to:

Rick Chandler, MDAR/ABTP, 25 West Experiment Station, UMass, Amherst, MA 01003

Phone: 413-577-0459